



Form 2S—Short-Term Substitute Permit

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Short-Term Substitute Permit—Defined by WVBE Policy 5202 §126CSR136 as a licensed educator who temporarily replaces, for 30 or less consecutive instructional days, the person assigned to the educator position. Substitute Permits require applicants to be employed or have received an offer of employment by a WV County Board of Education. Criteria for substitute permits is found in WVBE Policy 5202 §126CSR136 Official seal-bearing transcript required.

Employing County Verifications: Application Type

INITIAL Permit

The applicant has an overall GPA of 2.0 or better and a bachelor's degree from a regionally accredited IHE. S/he has completed 18 clock hours of training in classroom management, state and local policies, WV Content Standards and Objectives, and an overview of school law including reporting requirements for suspected child abuse, with no more than 6 hours of classroom observation, or a successful clinical experience. (Must be completed within one year of the application date). School Nurse substitutes must use Form 2L.

Official Board Employment Date: _____

Completed Required Training:

Date:
Must be last date of training if completed over more than one day.

-OR-

Successful completion of Student Teaching/Clinical Experience within 1 year. (official transcripts attached)

RENEWAL of the Permit (Official board date of re-employment, if applicable _____)

Training Completed:
The applicant has completed 12 clock hours of training. Must be last date of training if completed over more than one day.

-OR-

The applicant has completed 6 semester hours of coursework from an accredited institution of higher education that is related to the public school program. The hours must have been completed subsequent to the issuance of the permit being renewed and within a 5 year period immediately preceding the date of application. (official transcript required)

Superintendent Signature

I hereby verify that the applicant meets the requirements of WVBE Policy 5202 for the identified substitute permit. All information submitted is correct and documentation for the training is on file at the district and will be made available to the WVDE upon request.

Superintendent

DATE